

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Scott Petersen

Serial No.: Unknown

Examiner: Unknown

Filing Date: January 20, 2004

Group Art Unit: Unknown

For: RETRIEVABLE BLOOD CLOT FILTER WITH RETRACTABLE  
ANCHORING MEMBERS

Docket No.: 1001.1735101

**TRANSMITTAL SHEET**

Mail Stop PATENT APPLICATION

Commissioner for Patents

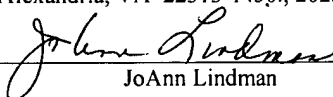
PO Box 1450

Alexandria, VA 22313-1450

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV315608073US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 20th day of January, 2004.

By

  
JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

[X] 24 sheet(s) of specification.

[X] 32 claim(s).

[X] 1 sheet(s) of Abstract.

[X] 17 sheet(s) of formal drawings.

[X] Executed Declaration and Power of Attorney.

[X] An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.

[ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

| CLAIMS AS FILED                        |          |         |              |       |         |       |
|--|----------|---------|--------------|-------|---------|-------|
|  | (1)      | (2)     | SMALL ENTITY |       | OTHER   |       |
| FOR:                                   | # FILED  | # EXTRA | Rate         | Fee   | Rate    | Fee   |
| BASIC FEE                              |          |         |              | \$385 |         | \$770 |
| TOTAL CLAIMS                           | 32 -20 = | 12      | x9=          | \$    | x18=    | \$216 |
| INDEPENDENT CLAIMS                     | 4 -3 =   | 1       | x43=         | \$    | x86=    | \$ 86 |
| ( ) MULTIPLE DEPENDENT CLAIM PRESENTED |          |         | +145=        | \$    | +290=   | \$    |
| TOTAL                                  |          |         | \$           |       | \$1,072 |       |

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[X] A check in the amount of \$ 1,072.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 

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